

OFFICE OF VERMONT HEALTH ACCESS

Pharmacy Programs Handbook



GreenMountainCare
A HEALTHIER STATE OF LIVING

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Vermont Health Access Member Services

1-800-250-8427 (TDD/TTY) 1-888-834-7898

Interpreter Services And Alternative Formats Are Available

Welcome to your Vermont Pharmacy Program

The first part of this handbook has general program information that applies to all of our pharmacy programs. Later sections give information about the program that you have joined.

If you don't know what program you are in, or if you have any questions, call us. Call Health Access Member Services at 1-800-250-8427. Call Monday through Friday, from 7:45 a.m. to 4:30 p.m. (but not on holidays). The call is free. Our TDD line is 1-888-834-7898.

Program Names

Pharmacy assistance programs in Vermont are run by the Office of Vermont Health Access (a state-funded managed care organization under the Global Commitment to Health Waiver). The pharmacy assistance programs are listed here. Each one has its own eligibility rules and benefit package.

VHAP-Pharmacy, VScript, and VScript Expanded help Vermonters who are at least 65 years old and/or receive disability benefits from Social Security, and *do not qualify for Medicare*, pay for their prescriptions.

VPharm 1, VPharm 2, and VPharm 3 help Vermonters *who qualify for Medicare* pay for their prescriptions.

Healthy Vermonters Program allows Vermonters without other prescription insurance to purchase covered drugs at a discounted rate.

Medicare Buy-In Programs help Vermonters pay for all or part of the cost of their Medicare coverage. Some people on VPharm may also be eligible for one of these programs. The buy-in programs are: Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiaries (SLMB), and Qualified Individuals (QI-1.)

We hope this Member Handbook will help you get the health care you need. Please read it now and save it to answer questions you have later.

Your ID Card

Your state ID card will be mailed to your home. Please show it when you go to the pharmacy. If you don't get your new ID card within a month of getting this handbook, or if you lose your card, call Member Services and ask for a new one.

Providers

The provider who writes a prescription for you must be enrolled in our programs, and the pharmacy where you fill your prescription must be one that accepts our payment. Most providers and pharmacies in Vermont are in our programs. If you have questions about providers and pharmacies, call Member Services or go to www.vtmedicaid.com and click on Provider Look-up.

Preferred Drug List

Our programs, along with other insurance companies, work to provide quality health coverage at an affordable cost. To help keep costs down, Vermont asks providers to prescribe medications from a list of preferred drugs. These are generic drugs or drugs that cost Vermont less money. These drugs work the same way as more expensive drugs that are advertised by the drug companies. You can help by asking your provider if a generic or over-the-counter drug will work for you. If you would like a copy of the preferred drug list, call Member Services or go to www.ovha.vermont.gov.

Our programs do not cover drugs that are considered experimental or are not approved by the Federal Drug Administration (FDA).

Prior Approval

If your provider thinks you need a drug that is not on the preferred drug list, or needs prior approval for another reason, he or she may ask for approval. To ask for approval, your provider would call the pharmacy benefit manager for Vermont, MedMetrics Health Partners. Your provider and pharmacy should know how to contact MedMetrics. If they do not, they can call Member Services for the phone number.



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Pharmacy Programs for Vermonters without Medicare

The programs below help elderly or disabled Vermonters who **do not qualify for Medicare or have any other insurance that covers prescriptions** to pay for their prescriptions. Each program has its own rules for eligibility and its own benefit package.

VHAP-Pharmacy

VHAP-Pharmacy covers most types of drugs used to treat short-term and long-term medical problems, as well as one comprehensive eye exam and one interim exam every two years by an optometrist or an ophthalmologist. Members on VHAP-Pharmacy pay a monthly premium, but do not have to pay any deductibles or copays on covered drugs.

VScript

VScript covers most types of drugs used to treat long-term medical problems. VScript members pay a monthly premium, but do not have to pay any deductibles or copays on covered drugs used to treat long-term medical problems. Members on this program also are on the Healthy Vermonters Program, which may provide a discounted rate for drugs used to treat short-term medical problems.

VScript Expanded

VScript Expanded also covers types of drugs used to treat long-term medical problems. These drugs must be manufactured by companies that have signed a special agreement with Vermont. VScript Expanded members pay a monthly premium, but do not have to pay any deductibles or copays on covered drugs used to treat long-term medical problems. The Healthy Vermonters Program may provide a discounted rate for drugs used to treat short-term and long-term medical problems not covered by VScript Expanded.

Healthy Vermonters Program

The Healthy Vermonters Program does not pay for drugs—but allows Vermonters to buy covered drugs at a discounted rate. The amount of the discount depends on the drug. There are no premiums for this program.

If you have questions about your pharmacy program or have problems getting your drugs, call Member Services.

Pharmacy Programs for Vermonters on Medicare

The programs below help pay prescription costs for elderly or disabled Vermonters who are on (or qualify for) Medicare and do not have any other insurance that covers prescriptions. Each program has its own rules for eligibility and its own benefit package.

Members on these programs must stay enrolled in a Medicare prescription drug plan (PDP) to keep getting drug coverage. Members may also qualify for extra help paying their costs from a Social Security Administration program called the **Low-Income Subsidy (LIS)**. You must apply for LIS if you think you might be eligible. Vermont pharmacy programs will only help to cover some costs that are not covered by Medicare Part D or the LIS.

Your Medicare Part D plan is the first payer for all of your prescriptions and your VPharm program is the second payer.

VPharm 1

This program is like the VHAP-Pharmacy program. Members on VPharm 1 pay a monthly premium. In return, VPharm 1 pays for

- ❖ the amount of your PDP premium that LIS does not pay for, up to a maximum amount,
- ❖ PDP copays, deductibles, co-insurance and coverage gaps not covered by the LIS, for short-term and long-term drugs covered by the PDP,
- ❖ specific types of drugs that are not covered by the PDP, but are covered by Vermont (drugs for anorexia, weight gain, or weight loss; certain vitamins; some over-the-counter medicine, barbiturates; or benzodiazepines), and
- ❖ one comprehensive eye exam and one interim exam every two years by an optometrist or an ophthalmologist.

VPharm 2

This program is like the VScript program. Members on VPharm 2 pay a monthly premium. In return, VPharm 2 pays for

- ❖ the amount of your PDP premium that LIS does not pay for, up to a maximum amount,
- ❖ PDP copays, deductibles, co-insurance and coverage gaps not covered by the LIS for drugs covered by the PDP that are used to treat long-term medical problems, and
- ❖ specific types of drugs used to treat long-term medical problems that are not covered by the PDP, but are covered by Vermont (drugs for anorexia, weight gain, or weight



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loss; certain vitamins; some over-the-counter medicine, barbiturates; or benzodiazepines).

The Healthy Vermonters Program may also give you a discount on some of the drugs not covered by VPharm 2 that are used to treat short-term medical problems.

VPharm 3

This program is like the VScript Expanded program. Members on VPharm 3 pay a monthly premium. In return, VPharm 3 pays for

- ❖ the amount of your PDP premium that is not covered by the LIS, up to a maximum amount,
- ❖ PDP copays, deductibles, co-insurance and coverage gaps not covered by the LIS for drugs covered by the PDP and Vermont that are used to treat long-term medical problems, and
- ❖ specific types of drugs used to treat long-term medical problems that are not covered by the PDP but are covered by Vermont (drugs for anorexia, weight gain, or weight loss; certain vitamins; some over-the-counter medicine, barbiturates; or benzodiazepines).

The Healthy Vermonters Program may also give you a discount on some of the drugs not covered by VPharm 3 that are used to treat short-term medical problems.

Healthy Vermonters Program

The Healthy Vermonters Program does not pay for drugs—but allows you to buy types of covered drugs not included in Part D at a discounted rate. Sometimes the discount is very high, but sometimes you may be able to get a better discount through AARP or other discount drug programs. The amount of the discount depends on the drug. There is no cost for the Healthy Vermonters Program.



Medicare Buy-In Programs

Some VPharm members with lower incomes may also qualify for help paying for all or part of their Medicare coverage. Programs that help people pay for Medicare are called Medicare buy-in programs. The programs are listed here:

Qualified Medicare Beneficiary (QMB) pays Medicare premiums, deductibles, co-insurance, and copays.

The Specified Low-Income Medicare Beneficiaries (SLMB) and Qualified Individuals (QI-1) programs pay the Medicare Part B premium.

If you are eligible for this help, you were notified of this when you received the letter about your VPharm coverage. If you were not found eligible and think that you should be, please call Member Services for more information.

Members of the Medicare buy-in program are automatically eligible for the Low-Income Subsidy (LIS). The federal government, through the LIS, pays for your basic Part D premium and most of your cost-sharing.

If you are on both a VPharm program and a Medicare buy-in program, you can choose to end your VPharm coverage and just stay on the Medicare buy-in program and pay no premium. If you think you want to do this, we suggest that you call the Area Agency on Aging Office at 1-800-642-5119 to talk about your options.



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Paying Your Premium

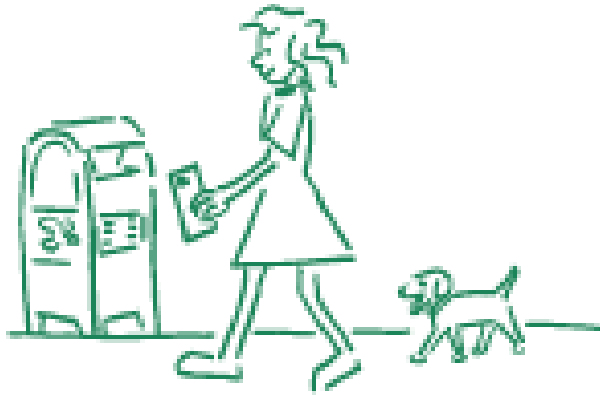
It is very important that you pay your monthly premium for our programs as soon as you get the first bill, so coverage can start at the first of the next month. You must continue to pay on time, so you do not lose your coverage or have a gap in your coverage. All members on our pharmacy programs, except for the Healthy Vermonters Program, must pay a premium to Vermont to keep getting prescription coverage.

If you lose your premium bill, call Member Services to find out how much you owe and how to pay.

Automatic Payments

If you don't want to worry about paying your bill each month, you can sign up for **automatic withdrawal** where your payment is taken from your checking or savings account each month.

If you have any questions about your premium or how to set up automatic withdrawal, call Member Services.



Your Rights and Responsibilities

As a member of a Vermont health care program, **you have the right to**

- ❖ be treated with respect and courtesy,
- ❖ be treated with thoughtfulness for your dignity and privacy,
- ❖ get facts about your program services and providers,
- ❖ get complete, current information about your health in terms you can understand,
- ❖ be involved in decisions about your health care, including having your questions answered and the right to refuse treatment,
- ❖ ask for and get a copy of your medical records and ask for changes to be made to them when you believe the information in them is wrong,
- ❖ not be frightened or bullied,
- ❖ complain about your program or your health care (see page 12 for more information), and
- ❖ ask for an appeal if you have been denied a prescription that you think you need. See page 13 for more information.

You also have the responsibility to take care of your health by

- ❖ telling your provider about your symptoms and health history,
- ❖ asking questions when you need more information or don't understand something,
- ❖ following the treatment plans you and your doctor have agreed to,
- ❖ learning about your program rules so that you can make the best use of the services that you can get, and
- ❖ paying premiums and copays when you are required.



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Interpreter Services And Alternative Formats Are Available

Living Wills and Advance Directives

State and federal laws protect your right to make health care decisions even if you become unable to make those decisions on your own. You can do this by making living wills or advance directives about your health care.

You can use an advance directive to refuse care or you may ask that all reasonable care be used to keep you alive. You can get information about advance directives and living wills by calling the Vermont Ethics Network at 802-828-2909, or going to the website at www.vtethicsnetwork.org. There may be a small charge for any materials sent to you.

Organ Donation

You may be interested in donating your organs when you die. One donor can help many people. If you would like to learn more about this, call 1-800-24DONOR (1-800-243-6667).

Sharing Information with Your Provider

To help your provider make sure that you get the health care you should have, we may share information with him or her, such as a list of the drugs you are on, to help avoid bad reactions from drugs that don't mix. If you do *not* want information shared with your provider, call Member Services.

Notice of Privacy Practices

When you were determined eligible for our programs, you would have gotten a letter telling you that were eligible and a copy of our Notice of Privacy Practices. The federal law called the Health Insurance Portability and Accountability Act (HIPAA) requires that we give you the notice. The notice tells you about your privacy rights and about how your health information may be used or shared. If you need another copy of the notice you can call Member Services and ask for a copy.

Quality Assurance Program

Vermont has a quality assurance program to make sure that you get quality health care from your providers and good service from your program.

If you would like to suggest ways that we can improve our programs and make them work better for you, call Member Services. Your comments will be made part of our quality assurance review.



Problems and Complaints

There are many things you can do if you are having problems getting your prescriptions or if you have a complaint. You can call Member Services to help you. If the options below do not solve your problem, you can go through Vermont's appeal process. More information about that process is also on page 13 of this handbook.

Good Cause and Hardship Request

If you are on a **VPharm program** and are having problems enrolling in or getting coverage from your new Part D plan, you should contact the Part D plan (or ask someone you trust to contact them on your behalf). Do everything you can to solve the problem with the Part D plan. If that does not work and not having your prescription is likely to cause you serious harm, you can submit a Good Cause and Hardship Request to Vermont for help until the problem with your Part D plan is solved. To do this, call Member Services.

If your Part D plan denies your prescription, you must go through the first *three* levels of your Part D Plan appeal process before asking Vermont to cover your prescription. The third level is the “independent review entity”. Call the customer service department of your Part D plan for information about their appeals process. If your Part D plan denies your request in all three levels of their process, your provider can call Vermont's pharmacy benefit manager, MedMetrics, to ask Vermont to cover the prescription. If that request is also denied, you can start going through Vermont's appeal process.

If Vermont denies a prescription for a type of drug that is not covered by Part D, your provider or pharmacist should call MedMetrics to find out why the drug was denied. Your provider may be able to get the drug covered by giving more information about why you need the drug and asking for a prior authorization. If that request is denied, you can start going through Vermont's appeal process.

Grievances

A **Grievance** is a complaint about problems getting your prescriptions easily and quickly. When you want a written response from the OVHA, you may file a grievance within 60 days of the problem. You will get a letter within 90 days telling you about how your grievance will be addressed.

If you file a grievance and are not happy with the way we addressed it, you may ask for a **Grievance Review**. A neutral person will review your grievance to be sure that the grievance process was handled fairly. You will get a letter with the results of the review. Contact Member Services if you want to file a grievance.



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Interpreter Services And Alternative Formats Are Available

When You Don't Agree with a Decision

If you don't agree with the state's decision to deny, limit, reduce or stop a medication, you may ask for that decision to be reviewed. You may also ask for a review if we do not act within the time frames we said we would. You can contact Member Services to ask for your reconsideration, appeal, or fair hearing (described below) by calling 1-800-250-8427, or writing to the address below.

Health Access Member Services
Office of Vermont Health Access
101 Cherry Street, Suite 320
Burlington, VT 05401

Request for Reconsideration

The request for reconsideration may help you solve your problem quickly before you start a more formal process. You or your provider may ask the state to reconsider a decision. You may provide more information or explain the information that you have already provided. The person who made the decision will review your case and look at any new information. However, it is optional and you can choose to go directly to an internal appeal or fair hearing instead.

Appeal

Appeals are heard by a qualified person who did not make the original decision. You have 90 days from the decision date to ask the state for an appeal. Your provider may ask for the appeal if you wish. In most cases we try to make a decision in 30 days, however it can take up to 45 days. You and the state can also request up to 14 more days but only if it might help you (for example, your provider needs more time to send information or you can't get to a meeting or appointment in the original time frame). The longest it will ever take is 59 days for a decision to be made.

If your need for the denied benefit is an emergency, you may ask for an **expedited appeal**. If it is decided that your appeal is an emergency, you will get a decision within three working days.

If you are told your benefit is changed because of a change in a federal or state law, you may not ask for an appeal but may ask for a fair hearing.

Fair Hearing

If you disagree with the decision from the appeal, you may ask for a fair hearing. You have 90 days from the date of the original notice of decision or action, or 30 days from the date of an appeal decision, to ask for a fair hearing.

Your Choice: You may ask for both an appeal and a fair hearing at the same time, just an appeal, or just a fair hearing.

You can also call the Office of Health Care Ombudsman at 1-800-917-7787 for help with any part of this process or for help in deciding what to do.

Continuation of Benefits

If a prescription has been ended or reduced based on your individual situation and you have asked for an appeal or a fair hearing

- ❖ depending on when you requested an appeal or fair hearing, you may ask for the benefit to continue until your appeal or hearing is decided. If you paid for your benefits, you will be paid back the amount you paid if the appeal or hearing is decided in your favor. If the State paid for the continuing benefits and the denial is upheld, you may have to pay the cost of any benefits you get while the appeal was pending.
- ❖ the service cannot continue if your appeal or hearing is about a service that has ended or been reduced because of a change in federal or state law.

If your fair hearing is about your premium, you must pay your premium by the premium due date or your coverage will end. You will be paid back the amount you over paid if the appeal or hearing is decided in your favor.



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Need Help?

Health Access Member Services

Health Access Member Services is there to help you. They can answer questions about your program, and help you if you have problems getting your prescriptions.

Call Health Access Member Services to report

- ❖ changes in your income or household,
- ❖ address changes,
- ❖ birth or adoption of children,
- ❖ deaths, and
- ❖ other health insurance that you get.

Member Services staff are available from 7:45 a.m. to 4:30 p.m., Monday through Friday (except holidays) at 1-800-250-8427 or TDD 1-888-834-7898.



The Office of the Health Care Ombudsman

The Office of Health Care Ombudsman is available to help you with problems about your health care or your benefits. The Ombudsman Office can also help you with grievances, appeals, and fair hearings. You can call the Ombudsman office at 1-800-917-7787.

Additional Information

We are happy to give members information about our programs, services and providers. In addition to what is in this handbook, you can also get information such as

- ❖ a list of providers in your area who participate in our programs,
- ❖ program rules and regulations, and
- ❖ more detailed information about covered services.

You can also find out about program eligibility and benefits on the web at www.ovha.vermont.gov

Other Programs

There are other programs and services available for children, adults, and families. Some of these programs have additional eligibility requirements. If you have questions or want to know if you are eligible, call the number for the specific program.

Attendant Services Program

This program supports independent living for adults with disabilities who need physical assistance with daily activities. Program participants hire, train, supervise, and schedule their personal care attendant (s). For more information, call the Division of Disability and Aging Services (DDAS)/ Individual Supports Unit at 802-241-1228 or go to www.dail.vermont.gov

Adult Day Services

Adult Day Services provide an array of services to help older adults and adults with disabilities remain as independent as possible in their own homes. Adult Day Services are provided in community-based, non-residential day centers creating a safe, supportive environment in which people can access both health and social services. For more information, call the Division of Disability and Aging Services (DDAS)/ Community Development Unit at 802-241-4534 or go to www.dail.vermont.gov

Children's Personal Care Services

This program is designed to help families with the extra care needs of children under the age of 21 who have disabilities or serious health problems. Hours of support may be used flexibly and can be provided in a variety of settings. Families hire their own staff. For more information, call the Division of Disability and Aging Services (DDAS)/ Individual Supports Unit at 802-241-1228 or go to www.dail.vermont.gov

Children with Special Health Needs (CSHN) Clinics

This program offers clinics and care coordination services for children who have special health needs. They also help with some health care costs that aren't covered by health insurance or Dr. Dynasaur.

Special Clinics

These are multidisciplinary, pediatric clinics, managed by or enhanced by nursing and medical social work staff, creating a comprehensive, family-centered, care-coordinated system of direct services. These clinics specialize in Cardiology; Child Development; Craniofacial/Cleft Lip and Palate; Cystic Fibrosis; Epilepsy/Neurology; Feeding Team; Hand; Juvenile Rheumatoid Arthritis; Metabolic; Myelomeningocele; Orthopedic; Seating Team, and other conditions.



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Special Services

CSHN nurses and/or medical social workers who are based in regional Health Department district offices provide assistance with access to and coordination of specialized health care not available through CSHN direct service clinics.

Financial Assistance Program

A voluntary program which can help families with the after-insurance costs of their child's health care when the services have been prescribed or pre-authorized through a CSHN clinical program.

Hearing Outreach Program

Audiologists provide screening and referral for diagnostic services at 14 sites statewide. For more information about any of these programs, please call 1-800-660-4427 or go to www.healthvermont.gov/family/cshn/clinic.aspx

Choices for Care

Choices for Care is a long-term care program to pay for care and support for older Vermonters and people with physical disabilities. The program assists people with everyday activities at home, in an enhanced residential care setting, or in a nursing facility. Providers are Adult Day Centers, Area Agencies on Aging, Assisted Living Residences, Home Health Agencies, Nursing Facilities, and Residential Care Homes. For more information, call the Division of Disability and Aging Services (DDAS)/ Individual Supports Unit at 802-241-1228 or go to www.dail.vermont.gov

Developmental Disability Services

Developmental disability services help keep individuals of any age who have developmental disabilities living at home with their families. Services include case management, employment services, community supports, and respite. Providers must be developmental services providers or Intermediary Service Organizations for people who self-manage services. For more information, call the Division of Disability and Aging Services (DDAS)/ Individual Supports Unit at 802-241-1228 or go to www.dail.vermont.gov

Family, Infant and Toddler Project

This is a special program for children under age 3 who have disabilities or who are slower than normal to develop. For more information, call the Health Department at 1-800-660-4427.

Flexible Family Funding

Flexible Family Funding is for people of any age who have a developmental disability and live with family, or for families who live with and support a family member with a developmental disability. The program acknowledges that families as caregivers offer the most natural and nurturing home for children and for many adults with developmental disabilities. Funds provided may be used at the discretion of the family for services and supports to benefit the individual and family. Providers of services are developmental services providers (Designated Agencies). For more information, call the Division of Disability and Aging Services (DDAS)/ Individual Supports Unit at 802-241-1228 or go to www.dail.vermont.gov

Healthy Babies

This is a program for pregnant women and infants who have Medicaid/Dr. Dynasaur. It offers home visiting and other support services from public health nurses, home health agencies and parent-child centers. For more information, call the Health Department at 1-800-649-4357.

High Technology Home Care

This is an intensive home care program for people of any age who are dependent on technology to survive. The goals are to support the transition from the hospital or other institutional care to the home and to prevent institutional placement. Providers are home health agencies and medical equipment vendors. For more information, call the Division of Disability and Aging Services (DDAS)/ Individual Supports Unit at 802-241-1228 or go to www.dail.vermont.gov

Homemaker Services

The Vermont Homemaker Program helps people age 18 and over with disabilities who need help with personal needs or household chores to live at home. Services include shopping, cleaning, and laundry. The services help people live at home independently in a healthy and safe environment. Providers are Home Health Agencies. For more information, call the Division of Disability and Aging Services (DDAS)/ Individual Supports Unit at 802-241-1228 or go to www.dail.vermont.gov

Mental Health

The State of Vermont contracts with designated agencies across the state to provide an array of mental health services to individuals and families experiencing high emotional distress, mental illness, or behavioral difficulties severe enough to disrupt their lives. Services vary from agency to agency, but core programs are available at all designated agencies. Intake coordinators at each site work with individuals to determine programs and services that are available to meet the individual's needs. In addition, designated agencies provide access as needed to several state wide services for intensive residential care, emergency or hospital diversion beds, and hospital inpatient care. Call (802) 652-2000 or visit www.healthvermont.gov/mh/providers/provider-list.aspx for a list of providers and the one nearest you.

A. Adult Outpatient Services

This program provides services that vary from agency to agency, and waiting lists are common. Services may include evaluation, counseling, medication prescription and monitoring, as well as services for individuals sixty and over with mental health care needs. Some services are available through private providers, and some individuals may be referred to them.



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B. Child, Adolescent, and Family Services

This program provides treatment services and supports to families so children and adolescents with mental health issues can live, learn, and grow up healthy in their family, school, and community. These services include screening, prevention services, social supports, treatment, counseling, and crisis response.

C. Community Rehabilitation and Treatment

This program provides community-based mental health services to enable individuals to live with maximum independence in their communities among family, friends, and neighbors. The comprehensive CRT services are only available to adults with severe and persistent mental illness with qualifying diagnoses who meet additional eligibility criteria including service utilization and hospitalization history, severity of disability, and functional impairments.

D. Emergency Services

This program provides mental health emergency services twenty-four hours a day, seven days a week to individuals, organizations, and communities. Essential emergency services may include telephone support, face-to-face assessment, referral, and consultation.

Program for All-Inclusive Care for the Elderly (PACE)

PACE is a health care system for frail individuals 55 years and older or for those age 18 and over with physical disabilities. People must qualify for a nursing home level of care. PACE provides all acute, primary, and long-term care needs of the individual. PACE centers are located in Chittenden and Rutland counties. For more information, call the Division of Disability and Aging Services (DDAS)/ Individual Supports Unit at 802-241-1228 or go to www.dail.vermont.gov

Traumatic Brain Injury Program

This program assists Vermonters age 16 or older diagnosed with a moderate to severe brain injury. It diverts and/or returns people from hospitals and facilities to a community-based setting. This is a rehabilitation-based, choice-driven program intended to support individuals to achieve their optimum independence and help them return to work. For more information, call the Division of Disability and Aging Services (DDAS)/ Individual Supports Unit at 802-241-1228 or go to www.dail.vermont.gov

Women, Infants, and Children Program (WIC)

WIC is a program that helps mothers and young children eat well and stay healthy by providing information and food items. You may go to one of 62 sites around the state to see if you are eligible. Benefits may include a nutrition newsletter, cooking classes, Farm to Family coupons, as well as individual food packages. For more information, call your local Vermont Department of Health Office; 1-800-649-4357, or go to www.healthvermont.gov

More information about resources in your community can be found at www.vermont211.org.

Attention! If you need help in your language, please call 800/250-8427.

Attention ! Si vous avez besoin d'assistance dans votre langue, appelez le : 800/250-8427.

¡Importante! Si necesita ayuda en su idioma, por favor llame al 800/250-8427.

Importante. Se avete bisogno di aiuto nella vostra lingua per favore chiamate il 800/250-8427.

Ważne! Aby uzyskać pomoc w Twoim języku, zadzwoń pod numer 800/250-8427.

Lưu ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của quý vị, xin gọi số 800/250-8427.

重要訓息！如果您需要您語言的幫助，請致電：800/250-8427.

Важно! Если вам требуется помощь на вашем языке, звоните 800/250-8427.

Προσοχή! Εάν χρειάζεστε βοήθεια στη γλώσσα σας τηλεφωνήστε στο 800/250-8427.

Importante! Se precisar de ajuda na sua língua, favor telefonar para 800/250-8427.

هام ! إذا كنت بحاجة إلى مساعدة بلغتك ، نرجو الاتصال بالرقم 800 / 250 - 8427.

សារៈសំខាន់! បើសិនជាអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក, សូមទូរស័ព្ទតាមលេខ 800/250-8427.

ສຳຄັນ! ຖ້າຫາກທ່ານຕ້ອງການຄວາມຊ່ວຍເຫລືອໃນດ້ານພາສາຂອງທ່ານ, ກະລຸນາໂທ 800/250-8427.

Կարևոր տեղեկություն: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, խնդրում ենք զանգահարել 800/250-8427 հեռախոսահամարով:

Enpòtan! Si ou bezwen èd avèk lang ou, tanpri rele 800/250-8427.

Office of Vermont Health Access/MAXIMUS: If you have questions, call 1-800-250-8427.

TTD/TTY: 1-888-834-7898. We also have interpreter services and alternative formats. You can call 7:45 a.m. to 4:30 p.m. Monday through Friday (except for State of Vermont holidays).